HEALTH AUTHORITY BUSINESS PLAN AND ANNUAL REPORT REQUIREMENTS

1999-2000 TO 2001-2002

December 1998

Alberta HEALTH

Acknowledgments

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Health Authority Business Plan and Annual Report Requirements

Table of Contents

1. Introduction 1

2. The Link Between Ministry and Health Authority Business Plans and Annual Reports 2

3. Submission, Review and Approval of Business Plans and Annual Reports 3

4. Components of Health Authority Business Plans 6

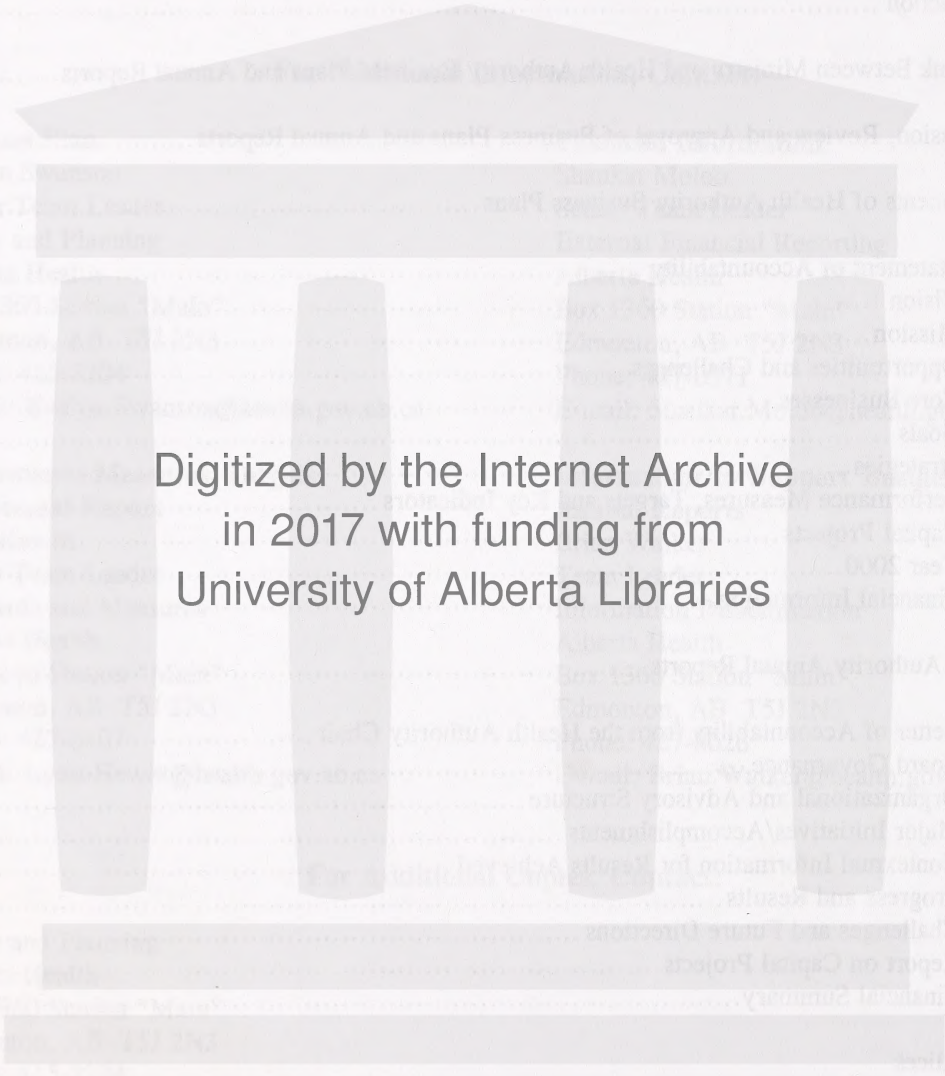
   4.1 Statement of Accountability 7
   4.2 Vision 7
   4.3 Mission 7
   4.4 Opportunities and Challenges 7
   4.5 Core Businesses 7
   4.6 Goals 8
   4.7 Strategies 9
   4.8 Performance Measures, Targets and Key Indicators 12
   4.9 Capital Projects 23
   4.10 Year 2000 23
   4.11 Financial Information 24

5. Health Authority Annual Reports 26

   5.1 Letter of Accountability from the Health Authority Chair 27
   5.2 Board Governance 27
   5.3 Organizational and Advisory Structure 27
   5.4 Major Initiatives/Accomplishments 27
   5.5 Contextual Information for Results Achieved 27
   5.6 Progress and Results 28
   5.7 Challenges and Future Directions 28
   5.8 Report on Capital Projects 28
   5.9 Financial Summary 29

6. Appendices

   I Statement of Operations 30
   II Statement of Changes in Financial Position 31
   III Capital Equipment Plan 32
   IV Planner's Checklist 33



1. Introduction

Vision
Our vision for health is ***healthy Albertans living in a healthy Alberta.***

This vision statement relates directly to one of the Core Businesses of the Government of Alberta Business Plan, *PEOPLE,* a component of which is: ***"A healthy society and accessible health care".***

Source: Draft Ministry of Health Business Plan 1999/2000 to 2001/2002 and Government of Alberta Business Plan 1998/99 to 2000/2001.

The Business Plan:

Defines responsibilities:
- core businesses
- goals to be achieved
- strategies to achieve goals
- measures to improve performance.

Reports on plans to stakeholders about resource allocation and strategies.

Key Challenges:
- ensuring Albertans get the care they need
- preparing for the future
- improving accountability and results
- focusing on long term health gains

Source: Draft Ministry of Health Business Plan 1999/2000 to 2001/2002

This document provides information on the components required from health authorities for 1999-2000 to 2001-2002 business plans and for 1998-1999 and 1999-2000 annual reports.

The business plan is an accountability document. It provides a statement of health authority responsibilities (core businesses) and results to be achieved (goals). It indicates how responsibilities will be carried out to achieve results (strategies), and how progress will be measured (performance measures). Once approved, the health authority business plan becomes an agreement between the Minister of Health and the health authority on what is to be accomplished and how it will be done.

The business plan is also a planning report. It communicates direction, goals and strategies to staff, public and other stakeholders. It allocates resources to deliver services, implement strategies and achieve goals. It integrates plans across the government, the ministry and health authorities to achieve provincial goals in health.

Health authority business plans should be based on a broad definition of health, reflecting a determinants of health approach, which considers the influence of a range of factors on health status, as illustrated in the Government's vision for health - *healthy Albertans living in a healthy Alberta*. Business Plans should reflect the strategic directions for the health system, address key challenges identified by the Ministry of Health and be consistent with the ***Government's Commitment to Health:***

- *Albertans will have access to quality health care services when they need them.*
- *High standards will be set, results will be measured and monitored and Albertans will receive regular reports about outcomes in health.*
- *Control of Alberta's health system will continue to be in the public sector, with leadership by the provincial government, management by health authorities, delivery by health care providers and accountability at every level.*
- *Albertans will be insured for medical and hospital services. Medically necessary health services will be available to all Albertans without user fees, extra billing or other barriers to reasonable access.*
- *A solid base of resources will be available to support Alberta's health system.. people, dollars, equipment, facilities, research and ongoing education.*

- *Alberta's health system will balance the need to provide quality care for those who are ill or injured with strategies to keep people healthy and well.*
- *Decisions about changes in Alberta's health system will be based on the best information available and will have a single objective: to improve health care and the health of Albertans.*
- *Albertans will be well informed and involved in decisions about their own health, their community's health care system and directions for ongoing health reform in the province.*

Source: Ministry of Health Business Plan Update, 1997-1998 to 1999-2000

Health authorities are responsible for carrying out their business plans and explaining any variation between planned and actual performance. This is done formally in the annual report at the conclusion of the year. Performance during the year is monitored through on-going and ad hoc reporting processes, e.g., quarterly financial reports. In addition, information will be required routinely to keep the funding formula current for regional and province-wide services.

The annual report is an important source document for developing the next business plan. It informs Albertans about both achievements and priorities for improvement that should be addressed in the next business plan. Developing business plans and reporting on the results achieved are key to establishing processes for continuous improvements in health services. Information from health authority business plans and annual reports is used in the development of the Ministry business plan. Business plans and annual reports are public documents. The complete plan and annual report are to be available to the public on request.

Health authority business plans and annual reports are submitted to and approved by the Minister of Health in compliance with legislation as follows:

- Regional Health Authorities: *Government Accountability Act* and the *Regional Health Authorities Act*
- Provincial Mental Health Advisory Board: *Provincial Mental Health Board Regulation* authorized by the *Regional Health Authorities Act*
- Alberta Cancer Board: business plan submitted under the *Government Accountability Act;* annual report submitted in accordance with the *Alberta Cancer Programs Act.*

2. The Link Between Ministry and Health Authority Business Plans and Annual Reports

The Minister of Health is accountable to the Legislature for the overall direction and operation of the health system in Alberta. The Ministry business plan provides the vision and strategic direction for the health system, goals and strategies that Alberta Health will implement, and key performance measures that will be reported to assess results achieved by the system. Information about performance, progress toward the goals and areas for improvement is provided in the Ministry of Health annual report.

The requirements provide a provincial framework for development of business plans by the Regional and Provincial Health Authorities. Provincially required goals link the strategies and operations of health authorities with the Ministry plan which sets strategic directions for the health system as a whole.

The requirements outlined in this document provide a provincial framework for development of business plans by the Regional and Provincial Health Authorities. The requirements are based on a draft of the 1999-2000 to 2001-2002 Ministry of Health

business plan. Provincially required goals are established in this document for all health authorities. These goals link the strategies and operations of health authorities with the Ministry plan which sets strategic directions for the health system as a whole.

The development of business plans provides opportunities for health authorities to work with each other, their communities, community health councils, professional/technical committees and other stakeholders. Broad-based consultations and involvement help define health needs and identify priorities for health and health services. They also provide input on how those priorities can best be met.

Health authorities are responsible for the delivery of core health services as defined in *Core Health Services in Alberta,* (June 1994) and subsequent directives. Health authorities outline in their plans how core health services will be used to address health needs and priorities. They are responsible for choosing strategies that will achieve the shared goals set out by the Minister of Health and additional goals specific to the needs of the communities served.

Health authority annual reports show the results achieved on each provincial and regional goal identified in the corresponding year's business plan. Performance information is provided to allow for assessment of progress in implementing strategies and achieving goals. Information contained in annual reports and information from many other sources helps make decisions about directions for future plans.

The health authority business plan and annual report requirements outlined in this document will meet, in part, the reporting and accountability requirements for health authorities as accountable organizations under the *Government Accountability Act*. Other ad hoc and ongoing reporting activities are still necessary.

Subject to this Act and regulations, a Regional Health Authority
(a) shall
- (i) promote and protect the health of the population in the health region and work towards the prevention of disease and injury;
- (ii) assess on an ongoing basis the health needs of the health region;
- (iii) determine priorities in the provision of health services in the health region and allocate resources accordingly;
- (iv) ensure that reasonable access to quality health services is provided in and through the health region; and
- (v) promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.

Section 5, *Regional Health Authorities Act*

Annual Reports show the results achieved on each provincial and regional goal identified in the corresponding year's business plan.

3. Submission, Review and Approval of Business Plans and Annual Reports

Business Plan Submission

Business Plan with separate Assumptions and Risks document Due March 15, 1999
15 copies - including 1 copy unbound to Minister of Health

Business plans are to be concise documents of 15 to 20 pages. Detailed program and service plans, implementation plans and work plans are not required to be submitted. Health authorities may choose to release other documents that complement the business plan for a variety of audiences.

Business plans are to be submitted to the Minister of Health by **March 15, 1999**. Business plans require approval by the health

authority board prior to submission. The Minister reviews the business plans to ensure that plans address:

- all required components
- strategic directions established for the health system
- health status or system performance issues identified in annual reports and other documents or reports
- any directions from the Minister

Ongoing informal communication will occur between Alberta Health and health authority staff throughout the business planning process to facilitate the development and approval of business plans. Additional information may be requested by Alberta Health to clarify the plan and support the strategies, if required.

The Minister determines whether a business plan is acceptable as written or whether it requires further adjustment. Formal feedback on business plans is provided to health authority chairs by the Minister.

Health authority budgets are approved with the business plans. Approved plans are tabled in the Legislative Assembly. A business plan that is not approved is returned to the health authority with a request for revisions and the date by which a revised plan is required.

Assumptions and Risks are to be submitted as a separate document with the business plan.

Assumptions should provide **three years** of historical data and **three years** of projections.

Assumptions and Risks are the key underlying variables which provide the basis for development of the health authority business plan. Assumptions and Risks are to be submitted as a separate document with the business plan. Assumptions fall into four interrelated areas: Population Growth, Service Volumes, Financial Resources and Operating Expenses (including capital expenditures). Health Authorities should identify the key assumptions in each area with the greatest impact on their financial performance. Where appropriate, assumptions should include three years of historical information, and three years of projections. Examples would include:

Population
- projected population
- projected growth in seniors population, newborns
- other population groups with high needs

Service Volumes
- anticipated changes in service volumes
- projected changes in key high cost delivery areas or programs
- factors affecting utilization such as physician recruitment and supply, new

	technology, shifts to community service, changes in use of facilities - contingency for public health issues such as communicable disease outbreaks
Financial Resources	- expected funding - investment income - other revenue sources
Expenditures	- all areas - hospital in-patient, long term care, diagnostic services, community and home care, etc. - compensation (labor agreements, mix of providers) - drugs, medical supplies - capital equipment - information technology and information management including year 2000 - anticipated operating costs of new or upgraded facilities - productivity/efficiency improvements - inflation - interest payments - major contracts and commitments - other - value of the Canadian dollar
Sustainability	- historical accumulated and projected annual operating surplus deficit (see definition page 25) - deficit elimination plan

Risks identify the business plan's sensitivity to changes in key assumptions. Health authorities should identify the assumptions in each key area (Population, Service, Financial Resources, Expenditures and Sustainability) that have a significant degree of uncertainty and that would have major financial consequences if the assumption is incorrect. Health authorities should identify the major risks and evaluate the financial sensitivity of the business plan to changes in the key risks. For example, if service volumes increase 2% more than the projection, what is the impact on operating surplus/deficit?

Audited Financial Statements and Annual Reports

Audited Financial Statements 1998-99
Due June 30, 1999
Audited Financial Statements 1999-2000
Due June 30, 2000
2 copies to Minister of Health

Annual Reports 1998-99
Due July 30, 1999
Annual Reports 1999-2000
Due July 31, 2000
15 copies - including 1 copy unbound to Minister of Health

Audited financial statements are required under the Regulations to be submitted by **June 30** following the end of the fiscal year to which they relate. Timely submission is critical because the information is used in preparing the Ministry of Health annual report.

Annual reports are required under the Regulations to be submitted by **July 31** following the end of the fiscal year to which they relate. All performance measures and targets identified in the business plan are to be reported on in the annual report. The Minister of Health reviews annual reports to ensure all required components are included. Variations from plans and impacts on performance are assessed. Information from health authority annual reports is analyzed by the Ministry for use in the next planning cycle. The Minister of Health may provide specific direction to health authorities based on results reported in annual reports or through ad hoc or other routine reports.

Quarterly financial reports are to be prepared and submitted to Alberta Health within 60 days after the end of the first three quarters (June 30, September 30 and December 31) in accordance with the requirements set out in FD14 and subsequent directives. Audited financial statements are provided in place of a fourth quarter report.

4. Components of Health Authority Business Plans

Required Components of Health Authority Business Plans
- Statement of Accountability
- Vision
- Mission
- Opportunities and Challenges
- Core Businesses
- Goals
- Strategies
- Performance Measures, Targets and Key Indictors
- Capital Projects
- Year 2000
- Financial Information

Separate submission with the Business Plan
- Risks and Assumptions

The requirements outlined in this document apply generally to both Regional and Provincial Health Authorities. More specific requirements may be identified by the Minister of Health for individual health authorities, for example, in relation to province-wide services or improvement areas. Some requirements may be adjusted to apply to the Alberta Cancer Board and the Provincial Mental Health Advisory Board.

Health authorities can develop any format useful to present their business plans, as long as the required components are included and easily identifiable. The business plan should be no longer than 15 - 20 pages.

Required components that must be included in all health authority business plans are described below. Appendix IV Planner's Checklist is recommended for use by planners to ensure that all required components are included in business plan submissions.

Required Statement of Accountability

This business plan for the three years commencing April 1, 1999, was prepared under the Board's direction in accordance with the *Government Accountability Act, Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as at _____, 1999, have been considered in preparing the business plan.

The _____ Health Authority's priorities outlined in the business plan were developed in the context of the Ministry of Health's business and fiscal plans. We are committed to achieving the planned results laid out in this business plan.

Respectfully Submitted on Behalf of _____ Health Authority,

Signed by Health Authority Chair

Required Core Businesses

1. Ensure accountability and continuous improvement in the health system through efficient and effective governance and management.

2. Ensure delivery of quality health services.

4.1 Statement of Accountability

- confirms the business plan was developed in accordance with appropriate legislative authority and government requirements
- signifies commitment of the health authority board to achieve the results indicated in the plan
- uses the wording specified in the margin

4.2 Vision

- consistent with and builds on the Alberta Government's vision for health: "Healthy Albertans in Living in a Healthy Alberta"
- focuses on the future health of Albertans and the health system

4.3 Mission

- clearly states the reasons why the health authority exists
- describes how the health of Albertans will be different as a result of the health authority's actions
- relates how the health authority will work to reach its vision and contribute to the vision for health in Alberta
- Ministry of Health mission is "to improve the health of Albertans and the quality of the health system."

  Source: Draft Ministry of Health Business Plan 1999/2000 to 2001/2002

4.4 Opportunities and Challenges

- identify opportunities and issues facing the health authority that need to be considered when developing goals, strategies, measures and targets for business plans
- business plan opportunities and challenges should link with the challenges and future directions from the previous year's annual report
- the business plan should indicate how challenges will be managed or addressed and how opportunities will be used to advantage

4.5 Core Businesses

- brief statements of the health authority's responsibilities, which are based on Section 5 of the *Regional Health Authorities Act* and apply broadly to Provincial Health Authorities
- required core businesses are defined for all health authorities
- additional core businesses may be identified by health authorities
- further definition of the core businesses is provided below:

- **Core Business 1**: Ensure accountability and continuous improvement in the health system through efficient and effective governance and management.

  Health authorities are responsible for the effective governance and management of health services to ensure accountability and continuous improvement in the health system. This includes establishing a clear vision and mission; assessing and monitoring the health status and service needs of communities and residents; determining health and health service priorities; allocating and managing resources based on needs assessment, other evidence and the provincial framework of legislation, policy and standards; monitoring and reporting; and evaluating performance. Health authorities also contribute to improvement in the health of the population by advocating for health and healthy public policy and by effectively communicating and working with communities, service providers and other sectors.

- **Core Business 2**: Ensure delivery of quality health services.

  Health authorities are responsible for the delivery of quality health services. These include diagnostic, treatment, supportive and protection, prevention and promotion services. Quality relates to appropriateness, effectiveness, safety, efficiency, accessibility and acceptability of services. Health authorities also contribute to the overall functioning of the health system and are responsible for continuity of care, coordination of service delivery with other sectors and integration of health services.

Required Goals

1.1 Develop priorities based on comprehensive health needs assessment and other evidence.
1.2 Allocate resources to address health and health service priorities.
1.3 Ensure sustainability of human and financial resources and regional infrastructure.
1.4 Evaluate and continuously improve performance.
2.1 Provide reasonable access to appropriate, safe and acceptable health services.
2.2 Deliver efficient and effective health services.
2.3 Invest in innovation and support the integration of new knowledge.
2.4 Achieve improved health outcomes in priority areas.

4.6 Goals

- provide broad statements of desired results that are potentially attainable
- health authorities are required to include required goals set by the Minister of Health
- additional goals may be identified by health authorities to address unique priorities and community needs specific to a region or provincial program

Strategies describe actions to be used to achieve goals and to address identified needs, issues and areas for improvement.

4.7 Strategies

- provide high-level descriptions of short and long term actions to be used by health authorities to accomplish goals and to address identified needs, issues and areas identified for improvement
- findings from community health needs assessments should be reflected in the strategies (reference: *Assessing Community Health Needs: A Guide for Regional Health Authorities*, Alberta Health, October 1995)
- all health authorities must develop strategies to achieve their goals, including general areas of strategy development such as:
  - ◊ collaborative initiatives with other regions, health providers or partners
  - ◊ major changes to programs and services to meet identified challenges
  - ◊ implications of known capital approvals and changes
  - ◊ initiatives carried over from previous years
  - ◊ any changes to the roles and functions of community health councils
- regional health authorities must in addition, address the required areas of strategy development identified on the following page. These are generally linked to the Ministry of Health business plan
- required areas of strategy development for provincial health authorities may vary to reflect their specific areas of responsibility
- the year(s) the strategy is to be implemented should be identified
- required areas of strategy development are listed in the charts that follow

Core Business 1: Ensure accountability and continuous improvement in the health system through efficient and effective governance and management.

Goals	Required Areas of Strategy Development
1.1 Develop priorities based on comprehensive health needs assessment and other evidence. Performance Measures: 10	• conduct community health needs assessments, including mental health needs, and update strategies and actions to address findings • identify any changes to the roles and functions of Community Health Councils. • collaborate with the Regional Child and Family Services Authority Boards, School Boards and other key stakeholders in the planning and delivery of services for children • develop and implement a framework for community consultation
1.2 Allocate resources to address health and health service priorities. Performance Measures: 1	• develop or update 3 to 5 year program and service plan • implement best practices in governance and management
1.3 Ensure sustainability of human and financial resources and regional infrastructure. Performance Measures: None defined	• ensure optimal workforce (e.g., recruitment and retention initiatives, staff development) • develop a long term capital plan which reflects projected program and service needs and includes both equipment and buildings • develop implementation plans for alberta we*ll*net and other information management and technology initiatives
1.4 Evaluate and continuously improve performance. Performance Measures: 11, 12 & 13	• implement continuous quality improvement strategies (e.g., accreditation, development of quality improvement plans), including those related to voluntary and private health service providers • establish priorities for and outline strategies to evaluate the cost, impact and results of health authority programs and services

Core Business 2: Ensure delivery of quality health services.[1]

Goals	Required Areas of Strategy Development:
2.1 Provide reasonable access to appropriate, safe and acceptable health services. Performance Measures: 2, 4 & 12 Key Indicators: 4, 7	• implement the new metabolic screening standards and guidelines • implement policy decisions arising from Long Term Care Review • evaluate service quality and accessibility for individuals with high health needs
2.2 Deliver efficient and effective health services. Performance Measures: 11 Key Indicators: 1, 2, 3 & 6	• integrate community-based mental health services • develop a plan to ensure a public health response capacity to respond to unpredictable and sporadic public health issues • implement years 2 and 3 of the enhanced pneumococcal vaccination program and initiate planning for incorporation of other new vaccines for routine use in the Immunization Program.
2.3 Invest in innovation and support the integration of new knowledge. Performance Measures: None defined	• identify and implement innovations in service delivery, including integrated service delivery
2.4 Achieve improved health outcomes in priority areas. Performance Measures: 3, 5, 6, 7, 8, 9 & 13 Key Indicators: 5	• address high priority health issues, including low birth weight babies, childhood immunization, injuries and any other high priority health issues identified in the region • update health promotion plans and evaluate initiatives

[1] Dimensions of quality in the health system include: appropriateness, effectiveness, safety, efficiency, accessibility and acceptability (Source: *Health and Health System Expectations and Measures: A Consultation Paper*, March 1998)

4.8 Performance Measures, Targets and Key Indicators

Performance Measures provide information on progress in achieving goals and are used to set priorities, adjust strategies, improve performance and increase public understanding of how well the health system is performing.

- provide information about the achievement of goals, including indicators as well as more direct measures of change
- information from performance measures is used to set priorities, adjust strategies, improve performance and increase public understanding of how well the health system is performing
- measures included in the business plan are used in the annual report to report progress in achieving goals; current level of performance should be stated in the business plan
- additional measures may be developed by health authorities to address specific areas of performance
- at least one performance measure is required for each goal developed by a health authority
- some performance measures will be developed jointly by Alberta Health and health authorities over the course of the next year; health authorities may be asked to report results on these measures in their annual reports

Required Performance Measures

- relate primarily to RHAs and must be included in all RHA plans for comparability of performance across the province
- measures that are equally relevant for provincial health authorities must be included in their plans
- measures that apply to highly specialized or province-wide services provided by a few health authorities must be included in their business plans

Performance Measures Defined by Health Authorities

- health authorities are required to develop the specific measures and establish targets for these items

Targets specify the desired level of performance for a program or service and identify the desired direction for change.

Targets

- specify the desired level of performance for a program or service and identify the desired direction for change, typically improvement over the current state (e.g., increase immunization rate for MMR at 24 months to 98%)
- provincial targets quantify the average level of achievement to be attained for Alberta and each health authority is expected to contribute to this achievement, usually by setting targets for improvement

- health authorities are required to set regional targets for all performance measures, with the exception of those that are still under development
- relevant data/supporting information should be used to set reasonable and feasible regional targets in relation to current performance; Alberta Health may request additional supporting information to clarify the plan
- at least one regional target is required for each goal

Key Indicators are measures of important areas of health system activity which do not have numerical provincial targets to specify their desired level of performance, but are to be monitored, assessed and reported on annually.

Key Indicators

- are measures of important areas of health or health system activity which do not have numerical provincial targets identified
- key indicators are to be monitored, assessed and reported on annually
- information from key indicators is used to set priorities, adjust strategies and increase public understanding of how the health system is performing
- health authorities may determine their own targets for key indicators
- health authorities may identify additional key indicators

Required Performance Measures are listed in the charts that follow. Please refer to the Alberta Health document *Information to Support Health Authority Business Plans and Annual Reports* for information related to the required measures.

1. Community and home based expenditure as a percentage of total expenditure, relative to previous year.	
Description and Rationale	This measure shows how health system resources are distributed toward appropriate alternative methods of delivery. It indicates the extent to which health services are increasingly delivered in home and community settings.
Provincial Target	Increase in expenditure as a percentage of total expenditure, as compared with previous year (numeric target for this increase to be determined)
Data and Method	Definitions for community and home based expenditure are found in FD13. The measure to be reported is community and home based expenditure as a percentage of total expenditure.
Annual Report	This measure is to be reported as a trend over several years (from 1994/95). Report with Indicator 1.
Notes	The percentage for regional health authorities was 5.5% in 1996/97 compared to 5.4% in 1995/96; ACB was 8.4% compared to 7.7% and PMHAB was 26.3% compared to 23.2%.Source: Alberta Health Annual Report 1996/97

2. Public survey ratings of access and quality, and reported failure to receive needed care.	
Description and Rationale	This measure consists of public views on broad issues such as accessibility and quality of care, and indicate how well the health system is providing service, overall. Changes in these views can indicate whether the system as a whole is improving in access and quality.
Provincial Target	Access: at least 80% rating access easy or very easy. Quality: at least 90% rating quality of services received as excellent or good. Failure: at most 3% reporting failure to receive needed care.
Data and Method	Information is produced from the Alberta Health Survey, conducted annually (complete report, including methodology and results, is made public by Alberta Health). Data are responses to the following survey questions: Access: "How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is: very easy, easy, a bit difficult, very difficult?" Quality: [asked only of those who reported receiving services in the past 12 months] "Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was: excellent, good, fair, poor?" Failure: "Over the past 12 months, were you ever unable to obtain health care services when you needed them? Yes, No?"
Annual Report	Annual trends and comparisons with the provincial average are to be reported.

Notes	Alberta Health Survey consists of a 10 minute telephone interview with 4,000 adult Albertans, selected randomly. Sample sizes within each health authority vary from 100 to over 600. Estimates from the smallest regions are accurate to within 10% or less, 19 times out of 20.

3. Percent of population who do not smoke.	
Description and Rationale	This measure is the percent of the population age 12 or over that does not smoke. The decision to begin smoking and the ability to quit smoking depend partly on relevant information and support for personal health decisions.
Provincial Target	At least 75% of the population age 12 and over do not smoke.
Data and Method	Results from the Alberta Population Health Survey (conducted by Statistics Canada) will provide estimates for each regional health authority.
Annual Report	To be reported in the Annual Report, along with provincial comparisons.
Notes	Data available by late 1998.

4. Self-rated knowledge of health services available.	
Description and Rationale	This measure consists of public self-assessment of their knowledge of health services and the health system. Changes in self-ratings can indicate how well the public are informed of services available to them.
Provincial Target	At least 75% rate their knowledge of available services good or excellent.
Data and Method	Information is produced from the Alberta Health Survey, conducted annually. Data are responses to the following question: "In general, how would you rate your knowledge of which health services are available to you? Excellent, good, fair or poor?"
Annual Report	Annual trends and comparisons with provincial average are to be reported.
Notes	Data from related survey questions are also provided for context, including: need for more information, knowledge of where to get emergency services and general knowledge of the health system.

5. Population health measures: trends and comparison with best region and provincial performance.	
Description and Rationale	The following measures are included: self-reported health status, infant mortality, percent low birthweight newborns and potential years of life lost (PYLL). A small set of measures is required rather than a single measure to measure the health of the population.
Provincial Target	Self-reported health: at least 75% (age 18-64) and 50% (age 65 and over) report excellent or very good health Low birthweight: at most 5.5% of live births. Infant mortality: at most 6.0 per 1,000. PYLL: to be determined. Health authorities are expected to set their own improvement targets consistent with these provincial targets.
Data and Method	Self-reported health: Data are from the Alberta Health Survey and are responses to the question: "In general, compared with other persons your age, would you say your health is: excellent, very good, good, fair, poor?" Low birthweight: Live births with birthweight under 2500 grams, as a percent of the total live births. Health authority is determined by the mother's residence, not by the place of birth. Data are from Alberta Vital Statistics. Infant mortality: Number of infants (under 1 year old) who die within the calendar year (multiplied by 1,000), divided by the number of live births during that same year. Health authority determined by place of residence. Data are from Alberta Vital Statistics. Potential years life lost (PYLL): For all deaths at age less than 75, PYLL is the sum of the difference, in years, between 75 and the age at death. PYLL is expressed as a ratio of total years lost per 100,000 population, for males and females separately. Data are from Alberta Vital Statistics.
Annual Report	Trends and comparisons with provincial averages are to be reported.
Notes	For some measures, several years of data must be combined in order to produce sufficiently reliable information for smaller populations.

6. Age standardized mortality rates per 100,000 population for selected causes of death: heart disease, stroke, cancer and injury (including suicide, homicide and injury).	
Description and Rationale	Standardized mortality rates (SMRs) are rates of death standardized for age and gender. They are the rates that would occur if each region had the same population structure (by age and gender) and their own rate of death for each major cause. Standardization allows comparisons among regions. Lower rates indicate improvement in the prevention, detection and treatment of these major causes of death.
Provincial Target	45 per 100,000 for deaths due to injury (including suicide, homicide and injury). Provincial targets for cancer, heart disease and stroke are to be determined.
Data and Method	Rates are calculated from death statistics reported by Alberta Vital Statistics and population estimates based on projections from the Canada Census developed by Alberta Treasury. Results are calculated and provided by Alberta Health.
Annual Report	Trends are to be reported in the Annual Report, along with provincial averages for comparison.

7. Communicable disease rates, e.g., tuberculosis, STDs, food and water borne diseases.	
Description and Rationale	This measure selects from the list of notifiable diseases specific diseases that represent programs in childhood immunization, food and water quality, sexually transmitted diseases and tuberculosis.
Provincial Target	Targets (1999) have been set at no more than the following number of cases per 100,000: E.Coli Colitis: 4.0 Pertussis: 18.0 Tuberculosis: 4.5
Data and Method	Notifiable diseases are reported to the Provincial Health Officer, who provides an annual summary (calendar year) of new cases in March of each year. Rates will be calculated based upon population estimates from the AHCIP registration file.
Annual Report	Both the number of new cases and the calculated rate per 100,000 population are to be reported in the Annual Report. The provincial rate and the provincial target should be reported for comparison.

8. Cervical and breast cancer screening rates in comparison with relevant incidence/mortality rates.	
Description and Rationale	A PAP test (for cervical cancer) is recommended every 3 years for women age 15 and over. The PAP test is a highly efficient and effective test for pre-cancerous cells; detection and appropriate treatment can prevent all cervical cancer deaths. Mammography (for breast cancer) is recommended every 2 years for women age 50 and over.
Provincial Target	75% of women age 50 and over to have mammography screen for breast cancer every two years. Less than 15 (1 per 100,000) deaths due to cervical cancer by 2002.
Data and Method	The Alberta Population Health Survey (1996/97) will provide regional estimates for cervical and breast cancer screening rates. Data will be available early in 1998. Number of deaths due to cervical cancer are those reported by Alberta Vital Statistics.
Annual Report	Cervical and breast cancer screening rates, and the number of cervical cancer deaths, are to be reported in the Annual Report.
Notes	The feasibility of calculating screening rates directly from administrative files is being examined.

9. Childhood immunization coverage rates at age two.	
Description and Rationale	This measure is the percent of the population of 2 year olds who have been appropriately immunized, according to Alberta standard: • at 12 months: 3 doses DPT (diphtheria, pertussis, tetanus), 3 doses PRPT (Hib - haemophilus influenza type b), 2 doses IPV (polio); • at 24 months: 1 dose of MMR (measles, mumps, rubella), a 4th dose of DPT, PRPT (Hib) and IPV.
Provincial Target	At least 95% of 2 year olds immunized to standard (National target is 98%).
Data and Method	Immunization rates are calculated for the calendar year. Rates are based upon immunization statistics and population estimates derived from Alberta Vital Statistics (births and deaths).
Annual Report	Coverage rates are to be reported for DPT, PRPT (Hib), IPV and MMR. The provincial coverage rate should be reported for comparison.

Defined by Health Authorities

10. Evidence that population health needs are assessed.	
Description and Rationale	A health needs assessment consists of gathering existing and new information that describes the health and the health needs of the population, including mental health needs. The assessment is conducted to provide facts on which decisions about programs, services and resource allocation can be based. It is a basic planning resource.
Regional Target	To be determined by each health authority.
Data and Method	Evidence consists of a report documenting the method and findings of the assessment of population health needs, including detailed documentation of new information developed as part of the assessment.
Annual Report	Quote key findings from the health needs assessment report.

11. Evaluations of health impact, cost and client satisfaction with services and programs of particular focus for the health authority.	
Description and Rationale	This measure addresses the need for health authorities to assess and evaluate their programs and services in terms of parameters such as costs, health outcomes or client satisfaction. Evaluations support the identification of opportunities to improve services and program delivery. The measure involves health authorities reporting about initiative(s) that are of particular interest and that have been evaluated or are in process of being evaluated to assess costs, health outcomes or client satisfaction. Information from the evaluation is intended to support better decision and continuous improvement in the delivery of health services.
Regional Target	To be determined by each health authority
Data and Method	Evidence consists of a written report of the evaluation, including a description of the method and results, and a discussion of the findings. When projects extend over a number of years it is requested that interim or preliminary findings be reported.
Annual Report	Key results should be incorporated into the Annual Report. It is requested that the name and address of a contact person familiar with the evaluation be included.
Notes	Smaller adjoining regions may wish to work together on an evaluation of a program or service of mutual interest. Health authorities are encouraged to advise each other of their evaluation plans, to facilitate collaboration and avoid unnecessary duplication.

12. Service quality and access ratings by selected populations with specific needs and targeted for improvement by the health authority, e.g., ratings by aboriginals, seniors, individuals with disabilities.	
Description and Rationale	This measure requires that an evaluation be conducted to obtain feedback from a subset of the population. The population for study should be chosen by the health authority because of some special concerns about access or quality of service.
Regional Target	To be determined by each health authority
Data and Method	Evidence consists of a written report of the evaluation conducted by the health authority, including a description of method, the results and a discussion of findings.
Annual Report	The key results are to be reported in the Annual Report. Results on this measure should be presented along with the more general public ratings of quality and access (Measure 3). It is requested that the name and address of a contact person familiar with the evaluation be included.
Notes	Smaller, adjoining regions may find it practical to work together on a research project of mutual concern. Health authorities are encouraged to advise each other of their research plans, to facilitate collaboration and avoid unnecessary duplication.

13. Changes in health status of selected populations identified by the health authority.	
Description and Rationale	This measure requires that the health needs and health status of selected populations, identified by the health authority through a needs assessment or other means, be evaluated to show whether improved health outcomes are being achieved.
Regional Target	To be determined by each health authority.
Data and Method	Evidence consists of a written report of the evaluation conducted by the health authority, including description of method, the results and a discussion of the findings.
Annual Report	Key results are to be reported in the Annual Report. It is requested that the name and address of a contact person familiar with the evaluation be included.
Notes	Smaller adjoining regions may find it practical to work together on a project of mutual concern. Health authorities are encouraged to advise each other of their projects, to facilitate collaboration and avoid unnecessary duplication.

Key Indicators

1. Home care clients and direct service hours by type of care per 1,000 population by age category.	
Description and Rationale	This indicator reports on the provision of health services in the home, in three care categories: short term, long term and palliative care. The health system continues to find ways to deliver needed health services in community and home settings (see Measure 2), in order to achieve best value.
Data and Method	Data are provided by Alberta Health from the Home Care Information System, using standard reports. Rates per 1,000 population for different age categories are based upon the Alberta Health Care Insurance Plan registration file.
Annual Report	Results, showing annual trends, are to be included in the Annual Report, along with provincial comparisons. Results should be presented along with Measure 2 and Indicators 2 and 3 to show how these program areas together meet health service needs.

2. Acute care average length of stay and number of separations per 1,000 population for region residents and for all others.	
Description and Rationale	This indicator shows the acute care hospitalization average length of stay (ALOS) and shows changes over time in the number of hospital separations in the region. Lower ALOS indicates more efficient use of acute care facilities, which may be due in part to improved availability of alternatives to facility based care in the region.
Data and Method	Data for acute care separations and total days stay are obtained from Health Records for in-patient activity. Population estimates are from AHCIP registration file. Average length of stay is calculated for all separations with total days stay less than one year; acute care patients with longer stays are excluded. Data are provided by Alberta Health, through CIHI.
Annual Report	Annual trends for ALOS are to be reported in the Annual Report, along with provincial averages for comparison. Trends in hospital separations are to be reported both as counts and as percent change from the previous year.

3. Long term care residents per 1,000 population age 65 and over, and 75 and over.	
Description and Rationale	This indicator shows the proportion of the population age 65 and older who are cared for in long-term care facilities. Lower numbers may indicate that alternative methods of care delivery are successful in enabling Alberta seniors to live independently in their own homes. Age categories are 65 and older, and 75 and older.
Data and Method	The number of long term care facility residents is determined annually through the resident classification system (RCS). Population estimates are from the AHCIP registration file.
Annual Report	Annual trends are to be reported in the Annual Report, along with the provincial average for comparison.

4. Waiting times for cardiac surgery within acceptable standards, based on clinical evidence and in relation to need and levels of service use.	
Description and Rationale	This measure shows the percent of persons waiting for cardiac surgery who obtain surgery within acceptable standards, in three priority categories: urgent in-patient (5-7 days), urgent out-patients (2-3 weeks) and planned out-patient (up to 3 months).
Data and Method	To be determined.
Annual Report	To be determined.

5. Life expectancy.	
Description and Rationale	Life expectancy is a widely recognized indicator that a population is healthy, has adequate access to health care, has healthy diets, and is protected for the effects of environmental, workplace or other hazards that would shorten life. Life expectancy is an estimate of the average number of years that a person born in that year is expected to live, based on current mortality statistics.
Data and Method	Life expectancy is calculated using the method recommended by Chevalier et al (CIHI, 1995). Five year averages are calculated and data from smaller adjoining regions will be aggregated in order to provide sufficiently reliable estimates.
Annual Report	To be reported along with provincial average for comparison.

6. Hospitalization for ambulatory care sensitive (ACS) conditions.	
Description and Rationale	Ambulatory care sensitive (ACS) conditions are long term or chronic health conditions which can often be managed successfully in the community without the need for hospitalization. The selected ACS conditions are: asthma, hypertension, diabetes, drug and alcohol effects, depression, and neurosis. Currently there are large regional variations in the rate of hospitalization for these conditions.
Data and Method	This indicator tracks the age-adjusted rate of hospitalization per 1,000 population for each ACS condition for each region, based on region of residence. Data are provided by Alberta Health and updated annually.
Annual Report	Results for this indicator should report the trend in hospitalization rate for each ACS condition along with the provincial average for comparison. Health authorities are encouraged to set appropriate improvement targets.

7. Utilization rates for selected surgical procedures.	
Description and Rationale	This indicator includes the utilization rates for the following surgical procedures: tonsillectomy, gall bladder removal, caesarean section, and hysterectomy. These surgical procedures have been selected due to the wide variation in utilization among regions. It is expected that appropriate care and the use of available alternatives to surgical intervention can reduce this variation among regions.
Data and Method	This indicator tracks the age-adjusted rates for tonsillectomy (per 1,000 age 0 - 18), gall bladder removal (per 1,000 population), caesarean section (per 100 live births), and hysterectomy (per 1,000 females age 15 and over) based on region of residence. Data are provided by Alberta Health and updated annually.
Annual Report	Results for this indicator should report the trend in utilization rate for each surgical procedure along with the provincial average for comparison. Health authorities are encouraged to set appropriate improvement targets.

Performance Measures and Key Indicators Under Development

- Hospital-acquired rates of infection
- Percent surgery performed as day surgery

4.9 Capital Projects

Approved projects should be identified in the financial plan.

Proposed projects are included only as information in the narrative of the financial section to assist in reviewing and understanding the plan; a separate approval process for proposed projects is outlined in the Capital Planning Manual.

Approved Projects

- funds provided by Alberta Public Works Supply and Services (APWSS) relating to items of capital nature such as building construction should be identified in the statement of changes in financial position as well as in the narrative part of the plan

Proposed Projects

- are included only as information to assist in reviewing and understanding the plan; the approval process for proposed projects is outlined in the Capital Planning Manual
- proposed projects should be identified only in the narrative of the financial section
- proposed projects approved during the year can be incorporated into the financial plan at that time

4.10 Year 2000

Executive Summary of the Year 2000 action plan is to be included as an appendix to the business plan.

An executive summary of the health authority's **Year 2000** action plan is to be included as an appendix to the business plan. This requirement does not replace the existing reporting process established by Alberta Health. The financial information relating to Year 2000 should be included in the financial component of

the plan. Where Year 2000 costs are included as part of the administration costs these should be appropriately identified to facilitate review and analysis of the business plan.

4.11 Financial Information

Purpose

- to communicate the anticipated effects on the financial health of a health authority in carrying out the proposed business plan strategies within available resources
- it is expected that health authorities submit a balanced budget on an annual basis (the definition of a "balanced" budget is being developed)

A **balanced budget** is to be submitted

Financial Plan

- must be included in the business plan
- at a minimum, must include:
  - ◊ Statement of Operations with explanation of changes appropriately cross referenced to the narrative;
  - ◊ Statement of Changes in Financial Position;
  - ◊ Capital Equipment Plan; and
  - ◊ Summary of Debt Level
- provides 1997-1998 actual, 1998-1999 forecast and budget information by classification for 1999-2000 and 2000-2001
- does not exceed six pages
- additional information may be submitted separately to augment the financial plan, including reconciliation of Alberta Health and other government contributions, and list of approved APWSS projects, and their operating impacts
- Statement of Operations and Statement of Changes in Financial Position templates included as Appendix I and II are expected to mirror the year-end requirement under Financial Directive 15

Financial Plan, at a minimum, includes:

- Statement of Operations
- Statement of Changes in Financial Position
- Capital Equipment Plan
- Summary of Debt Level

Format

- use the most recent information on contributions received or anticipated from the province
- use current rates for Ministry of Health approved fees and charges
- include only 50% of Out-of-Country Surcharge revenue in fees and charges

Statement of Operations

- use the Statement of Operations template provided in Appendix I
- for budgeting purposes, there is no requirement at present to allocate year end changes in pension liability to expense categories

Statement of Changes in Financial Position

- use the Statement of Changes in Financial Position template provided in Appendix II

Explanation of Changes

- 1997-98 actual, 1998-99 forecast and 1999-2000 and 2000-2001 budget should be used as a context to provide value added information for assessment of the plan
- explanation of changes in specific revenue and expense categories should be linked to the strategies identified in the narrative, where appropriate

Deficit, Surplus and Appropriations to Internally Restricted Funds

- funding of any accumulated deficit is the responsibility of the health authority; therefore, the financial plan should indicate measures taken or proposed to eliminate the accumulated operating deficit
- "accumulated deficit" is defined as a negative amount when summing unrestricted net assets and internally restricted net assets at the end of the fiscal year
- "accumulated surplus" is defined as a positive amount when summing unrestricted net assets and internally restricted net assets at the end of the fiscal year
- health authorities must internally restrict an amount equal to the total annual capital equipment amortization that has not been invested in capital equipment. These amounts should be designated as unavailable for other operating purposes.

Capital Equipment

- an important business planning consideration for health authorities is to identify capital equipment needed to deliver programs and services and allocate sufficient funds from available resources in a fiscal year to address capital equipment requirements.
- health authorities may also wish to finance capital equipment acquisitions from short and long-term borrowings including capital leases, within their borrowing by-laws

- the capital equipment template provided in Appendix III is designed to assist health authorities summarize their capital equipment needs and how these will be funded;
- the first half of the template provides a summary of the consumption of capital equipment on a historical cost basis, while the second half provides the planned replacement of capital equipment, the funding available to support these acquisitions, surplus or shortfall in funding and how any shortfall will be financed

Summary of Debt Level

- a health authority shall not exceed its debt limit indicated in its borrowing by-laws
- indicate new debt planned during the plan period
- indicate how the health authority will eliminate its total debt and the time frame for elimination
- "total debt" is defined as the sum of bank indebtedness plus the amount of long-term debt and capital lease obligations at the end of the plan period

Elements of Health Authority Annual Reports

- Letter of Accountability
- Board Governance
- Organizational and Advisory Structure
- Major Initiatives/Accomplishments
- Contextual Information for Results Achieved
- Progress in Implementing Strategies
- Results Report
- Challenges and Future Directions
- Report on Capital Projects
- Financial Summary

5. Health Authority Annual Reports

The health authority annual report is an accountability document submitted to the Minister of Health and available to the public. As such, it reports on key areas fundamental to good accountability: governance and organization, services, and financial results. It highlights the accomplishments, progress and results achieved over the year and explains any variation between planned performance and actual performance. The annual report is based on the health authority business plan for the first fiscal year of the three-year planning cycle; for example, the health authority annual report for 1998-99 is based on the health authority business plan for 1998-99 to 2000-2001.

Reporting results achieved is an important part of the accountability cycle. The annual report also points to areas of strong performance and those needing improvement. The areas requiring improvement identify priorities to be addressed in subsequent business plans. The following elements are to be included in health authority annual reports for 1998-99 and 1999-2000:

Required Letter of Accountability

We have the honor to present the annual report for the _____ Health Authority, for the fiscal year ended March 31, ____.

This annual report was prepared under the Board's direction, in accordance with the *Government Accountability Act, Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as at July 31, ___ have been considered in preparing the annual report.

Respectfully Submitted on Behalf of
_____ Health Authority,

5.1 Letter of Accountability from the Health Authority Chair

- confirms the annual report was developed in accordance with appropriate legislative authority and government requirements
- must be incorporated into the report, using the wording specified

5.2 Board Governance

- briefly describes the primary roles and responsibilities of the Board
- describes major consultations with the public and other stakeholders in relation to these roles and responsibilities
- describes the important activities and decisions of the Board in relation to these primary roles and responsibilities during the year
- describes how the Board assures itself that funds are allocated appropriately and that effective systems of control are maintained
- describes the relationship between the Board and senior management

5.3 Organizational and Advisory Structure

- describes the current organizational and advisory structure
- identifies changes to the organizational and advisory structure described in the business plan
- includes an overview of the Community Health Councils: names, dates established, mandate, accomplishments
- includes telephone number, address or e-mail by which the public can contact the health authority board and management

5.4 Major Initiatives/Accomplishments

- briefly highlights and summarizes major initiatives and accomplishments in the implementation of the business plan over the last year

5.5 Contextual Information for Results Achieved

- provides an explanation of the geographical, social and economic environment in which results were achieved
- includes, but is not limited to, pertinent findings from community needs assessments and information about factors affecting the health of the population of the region

- may include health status indicators such as life expectancy and information on health determinants such as education levels or poverty

5.6 Progress and Results

- includes all the goals and strategies from the health authority business plan and indicates, in narrative form, progress in implementing the strategies
- the relevant performance measures and results should be integrated into the narrative where appropriate

- includes information about the performance measures identified by the health authority in the business plan for each goal along with supporting information to help explain the results
- indicates areas of achievement in relation to targets, where results are satisfactory or exceed expectations for each goal and identifies areas for improvements to be addressed in the next plan
- provides an explanation for differences between achievements and targets established for business plan goals
- includes information about key indicators and relates these results to achievements, progress, challenges and future directions as appropriate
- compares regional results with provincial results and provides explanation of variances
- results should be linked to the contextual information for explanation of key results
- information sources should be clearly described

5.7 Challenges and Future Directions

- identifies areas to be addressed in the next planning cycle
- are derived from facts already presented in the report; for example, as contextual information, progress on strategies, or results

5.8 Report on Capital Projects

- describes capital projects completed and/or in progress during the year
- includes the value of the project and the completion date

5.9 Financial Summary

- includes audited financial statement and a statement of management responsibility
- includes budgeted and actual expenditures
- provides an explanation of significant variances where they occur, according to the following criteria:
  - ◊ explanation of variances below $100,000 is not required
  - ◊ per line item variances of 10% or more from the approved budget.
  - ◊ any additional information that can impove the communication value of the annual report.

HEALTH AUTHORITY BUSINESS PLAN

1999-2000 HEALTH AUTHORITY BUDGET ESTIMATES
(thousands of dollars)

FINANCIAL PLAN TEMPLATE-1
REGION :
SECTION A - STATEMENT OF OPERATIONS

	1997-98 ACTUAL $	1998-99 FORECAST $	1999-00 BUDGET $	2000-2001 BUDGET $	NOTE REFERENCE TO EXPLAIN CHANGES
REVENUES					
Alberta Health Contributions	X	X	X	X	
Other Government Contributions	X	X	X	X	
Fees and Charges	X	X	X	X	
Net Ancillary Operations	X	X	X	X	
Donations	X	X	X	X	
Investment and Other Revenue	X	X	X	X	
Amortization of External Capital Contributions	X	X	X	X	
TOTAL REVENUES	0	0	0	0	
EXPENSES					
Facility Based Inpatient Acute Services	X	X	X	X	
Facility Based Emergency and Outpatient Services	X	X	X	X	
Facility Based Continuing Care Services	X	X	X	X	
Community & Home Based Services	X	X	X	X	
Diagnostic & Therapeutic Services	X	X	X	X	
Promotion, Prevention and Protection Services	X	X	X	X	
Research & Education	X	X	X	X	
Administration	X	X	X	X	
Support Services	X	X	X	X	
Amortization of Facilities and Improvements	X	X	X	X	
Capital Asset Write Downs	X	X	X	X	
TOTAL EXPENSES	0	0	0	0	
Excess(deficiency) of revenues over expenses	0	0	0	0	
Excess(deficiency) of revenues over expenses	0	0	0	0	
Net Assets at end of year					
Accumulated Operating Excess(deficiency) of Revenues over Expenses	X	X	X	X	
Internally Restricted	X	X	X	X	
Invested In Capital Assets	X	X	X	X	
Net Assets, end of year	0	0	0	0	

X Indicates Information required if applicable

HEALTH AUTHORITY BUSINESS PLAN
FINANCIAL PLAN TEMPLATE- II
REGION :

STATEMENT OF CHANGES IN FINANCIAL POSITION

(thousands of dollars)

SECTION B - STATEMENT OF CHANGES IN FINANCIAL POSITION

	1997-98 ACTUAL $	1998-99 FORECAST $	1999-00 BUDGET $	2000-2001 BUDGET $
Cash generated from (used by):				
Operating activities				
Excess(deficiency) of revenues over expenses	x	x	x	x
Item not involving cash:				
Increase(decrease) in unfunded pension obligation	x	x	x	x
Amortization of capital assets - internally funded	x	x	x	x
Amortization of capital assets - externally funded	x	x	x	x
Amortization of external capital contributions	x	x	x	x
	0	0	0	0
Changes in non-cash working capital:				
Accounts receivable	x	x	x	x
Inventories	x	x	x	x
Prepaid expenses	x	x	x	x
Accounts payable and accruals	x	x	x	x
Accrued vacation pay	x	x	x	x
Deferred contributions	x	x	x	x
	0	0	0	0
Investing activities:				
Purchase of long-term investments	x	x	x	x
Purchase of capital assets:				
Internally funded	x	x	x	x
Externally funded	x	x	x	x
Proceeds on sale of long-term investments	x	x	x	x
	0	0	0	0
Financing activities:				
Capital contributions received	x	x	x	x
Endowment contributions received	x	x	x	x
Principal payment on long-term debt	x	x	x	x
	0	0	0	0
Increase(decrease) in cash and short-term investments	0	0	0	0
Cash and short-term investments net of bank indebtedness, beginning of year	x	x	x	x
Cash and short-term investments net of bank indebtedness, end of year	0	0	0	0
Non-current cash and investments at end of year	x	x	x	x
Total cash, short-term and non-current investments at end of year	0	0	0	0
Additional information:				
(1) Non-cash working capital balance at end of period	x	x	x	x
(2) Total cash, short-term and non-current investments are comprised of				
Externally Restricted	x	x	x	x
Board Restricted	x	x	x	x
Unrestricted	x	x	x	x
	0	0	0	0

X Indicates Information required if applicable

Appendix III

SECTION C - CAPITAL EQUIPMENT PLAN

CAPITAL EQUIPMENT PLAN
(thousands of dollars)

Net Book Value

	1996-97 ACTUAL	1997-98 ACTUAL	1998-99 FORECAST	1999-00 BUDGET	2000-2001 BUDGET
Cost	x	x	x	x	x
Net Additions			x	x	x
Sub Total - Cost	0	0	0	0	0
Accumulated Amortization	x	x	x	x	x
Amortization - net of adjustments			x	x	x
Sub Total - Amortization	0	0	0	0	0
Net Book Value	0	0	0	0	0
Proposed Acquisitions					
Capital equipment replacement	x	x	x	x	x
Specific initiatives equipment needs	x	x	x	x	x
Total Acquisitions	0	0	0	0	0
Expected Funds Available					
From current operating surplus	x	x	x	x	x
Set aside in earlier years	x	x	x	x	x
Restricted contributions from other sources	x	x	x	x	x
Restricted contributions from Alberta Health	x	x	x	x	x
Total Funds Available	0	0	0	0	0
Surplus (shortfall) in available funds	0	0	0	0	0
Shortfall To Be Financed By:					
Short-term borrowings	x	x	x	x	x
Other financing arrangement	x	x	x	x	x
Long-term debt	x	x	x	x	x
Total borrowing for capital equipment	0	0	0	0	0

X **Indicates Information required if applicable**

PLANNER'S CHECKLIST

The purpose of the checklist is to assist planners in ensuring that all required components of Health Authority Business Plans are included in the submission.

Required components include:

4.1 Statement of Accountability
4.2 Vision
4.3 Mission
4.4 Opportunities and Challenges
4.5 Core Businesses
4.6 Goals
4.7 Required Areas of Strategy Development

Goals	Required Areas of Strategy Development
1.1 Develop Priorities	1) Conduct community health needs assessments ... 2) Identify any changes to roles and functions of Community Health Councils 3) Collaborate with the RCFSA, school boards and other key stakeholders 4) Develop and implement a framework for community consultation
1.2 Allocate Resources	5) Develop or update 3 to 5 year program and service plans 6) Implement best practices in governance and management
1.3 Ensure sustainability	7) Ensure optimal workforce... 8) Develop a long term capital plan which reflects projected program and service needs 9) Develop implementation plans for alberta we//net and ...
1.4 Improve performance	10) Implement continuous quality improvement strategies ... 11) Establish priorities for and outline strategies to evaluate cost ...
2.1 Provide access	12) Implement the new metabolic screening standards and guidelines 13) Implement policies arising from Long Term Care Review 14) Evaluate service quality & accessibility for individuals with high health needs
2.2 Deliver services	15) Integrate community-based mental health services 16) Develop a plan to ensure a public health response capacity ... 17) Implement years 2 and 3 of the enhanced pneumococal vaccination...
2.3 Invest in innovation & integration	18) Identify and implement innovations including integrated service delivery ...
2.4 Improve health outcomes	19) Address high priority health issues, including ... 20) Update health promotion plans & evaluate initiatives

4.8 Performance Measures, Targets and Key Indicators

Performance Measures:	Indicators:
1) Community and home based expenditure as a percentage of total expenditure, relative to previous year.	1) Home care clients and direct service hours by type of care per 100,000 by age ...
2) Public survey ratings of access and quality, and reported failure to receive needed care.	2) Acute care average length of stay and number of separation per 100,000 ...
3) Percent of population who do not smoke.	3) Long term care residents per 100,000 population age 65 and over, and 75 and over.
4) Self-rated knowledge of health services available.	4) Waiting times for cardiac surgery within acceptable limits, based on ...
5) Population health measures: trends and comparison with best region and provincial performance.	5) Life expectancy.
6) Age standardized mortality rates per 100,000 for selected causes of death ...	6) Hospitalization for ambulatory care sensitive conditions
7) Communicable disease rates, e.g. tuberculosis, STDs, food and water borne diseases.	7) Utilization rates for selected surgical procedures
8) Cervical and breast cancer screening rates in comparison with relevant incidence/mortality rates.	
9) Childhood immunization coverage rates at age two.	
10) Evidence that population health needs are assessed.	
11) Evaluations of health impact, cost efficiency and client satisfaction with services and programs ...	
12) Service quality and access ratings by selected populations with specific needs ...	
13) Changes in health status of selected populations identified by the health authority	

4.9 Capital Projects

4.10 Year 2000

4.11 Financial Information

Financial Plan:
Statement of Operations
Statement of Changes in Financial Position
Capital Equipment Plan
Summary of Debt Level

Assumptions and Risks